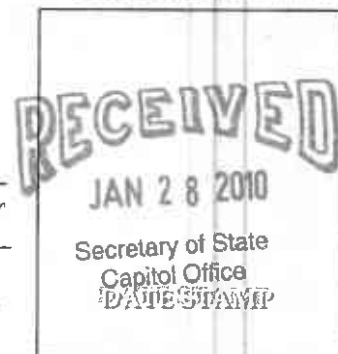


Candidate
Annual Report of Receipts and Disbursements
2009



Candidate's Name HARVEY MOSS
Full Address 49 FARRIS LAWE CORINTH, MS 38834
Telephone 662-287-4689 Fax 662-287-8086
Contact Name _____ Email _____
Office Sought STATE REP. DIST 2 Political Party DEMOCRAT

☐ Check here if above is different from previous report

TYPE OF REPORT

☒ January 29, 2010 Annual Report (January 1, 2009, through December 31, 2009).....All Candidates and Political Committees

____ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 2300.00 + \$ 200.00	\$ 2500.00	\$ 2500.00
Total amount of disbursements	\$ 1039.70 + \$ 625.00	\$ 1664.70	\$ 1664.70
Total amount of cash on hand		\$ 1001.68	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Harvey Moss
Signature of Candidate

1-28-10
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee HARVEY MOSS 2 of 2
 Reporting period 1-1-09 through 12-31-09

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>ATT PAC</u>		<u>12/3/09</u>	\$ <u>500.00</u>
Mailing Address <u>17 SE. CAPITAL ST.</u>		__/__/__	\$
City, State, Zip Code <u>JACKSON, MS. 39201</u>		__/__/__	\$
Name of Employer (Required)		__/__/__	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>NORFOLK SOUTHERN CORP.</u>		<u>12/3/09</u>	\$ <u>250.00</u>
Mailing Address <u>3 COMMERCIAL PLACE</u>		__/__/__	\$
City, State, Zip Code <u>NORFOLK, VA. 23510-2191</u>		__/__/__	\$
Name of Employer (Required)		__/__/__	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250.00</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>DENBURY</u>		<u>12/21/09</u>	\$ <u>500.00</u>
Mailing Address <u>STOOTENYSON PARKWAY</u>		__/__/__	\$
City, State, Zip Code <u>SUITE 1200 PLANO, TEXAS 75024</u>		__/__/__	\$
Name of Employer (Required)		__/__/__	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>ADVANCE AMERICA</u>		<u>9/14/09</u>	\$ <u>500.00</u>
Mailing Address <u>13 S NORTCH CHURCH ST.</u>		__/__/__	\$
City, State, Zip Code <u>SPARTENBURG, S.C. 39206</u>		__/__/__	\$
Name of Employer (Required)		__/__/__	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee HAKVEY MOSS
 Reporting period 1-1-09 through 12-31-09

2 of 2

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>BNSFRR</u>		<u>9/14/09</u>	\$ <u>250.00</u>
Mailing Address <u>2500 LOUMENT DRIVE</u>		<u>1/1/</u>	\$
City, State, Zip Code <u>FORT WORTH, TEXAS 76131</u>		<u>1/1/</u>	\$
Name of Employer (Required)		<u>1/1/</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>REYNOLDS AMERICA</u>		<u>12/31/09</u>	\$ <u>300.00</u>
Mailing Address <u>P.O. BOX 2990</u>		<u>1/1/</u>	\$
City, State, Zip Code <u>WINSTON-SALEM, NC 27102</u>		<u>1/1/</u>	\$
Name of Employer (Required)		<u>1/1/</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>300.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u>1/1/</u>	\$
Mailing Address		<u>1/1/</u>	\$
City, State, Zip Code		<u>1/1/</u>	\$
Name of Employer (Required)		<u>1/1/</u>	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u>1/1/</u>	\$
Mailing Address		<u>1/1/</u>	\$
City, State, Zip Code		<u>1/1/</u>	\$
Name of Employer (Required)		<u>1/1/</u>	\$
Occupation (Required)		Aggregate year-to-date	\$

Name of Candidate or Committee HARVEY MOSS
 Reporting period 1-1-09 through 12-31-09

ITEMIZED DISBURSEMENTS

A. Full name <u>AD WORLD SPECIALTIES</u>	Date (Mo., Day, Year) <u>5/29/09</u>	Amount of each disbursement this period \$ <u>261.88</u>
Mailing Address <u>3403 LANELL LANE</u>		
City, State, Zip Code <u>PEARL, MS. 39208</u>	<u>12/30/09</u>	\$ <u>377.82</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>638.70</u>
B. Full name <u>KROGER PERSONAL FINANCE</u>	Date (Mo., Day, Year) <u>2/9/09</u>	Amount of each disbursement this period \$ <u>400.00</u>
Mailing Address <u>P.O. BOX 42010</u>		
City, State, Zip Code <u>PROVIDENCE, RI 02940-2010</u>	<u>1/1/</u>	\$
Purpose of Disbursement (Optional) <u>PAYMENT ON POL. LOAN</u>	Aggregate Year-to-date	\$ <u>400.00</u>
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>1/1/</u>	\$
City, State, Zip Code	<u>1/1/</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>1/1/</u>	\$
City, State, Zip Code	<u>1/1/</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>1/1/</u>	\$
City, State, Zip Code	<u>1/1/</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>1/1/</u>	\$
City, State, Zip Code	<u>1/1/</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$